

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving O	esa usa only				
PCT/CA	0.3/	D1	5	7	4
Application No.		·			

International A

15 OCTOBER 2003 15.10-13

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

	(i) desired) (12 character	s maximum) 00000010110		
Box No. I TITLE OF INVENTION DC Trimming Circuit for Radio Frequency (RF) Down-Conversion			
Box No. II APPLICANT This per	son is also inventor			
Name and address: (Family name followed by given name; for a legal The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of resid	entity, full official designation. of the address indicated in this lence is indicated below.)	Telephone No. 519-747-2292		
	Pacsimile No.			
Sirific Wireless Corporation		519-747-3996		
460 Phillip Street, Suite 300 Waterloo, Ontario		Teleprinter No.		
CANADA N2J 5J2		Applicant's registration No. with the Office		
0/11/15/11/2002		Approant stogmentons		
State (that is, country) of nationality:	State (that is, country) CA	of residence:		
This person is applicant	nated States except ed States of America	the United States the States indicated in the Supplemental Box		
Box No. III FURTHER APPLICANT(S) AND/OR (FU	RTHER) INVENTOR(S)			
Name and address: (Family name followed by given name; for a lega The address must include postal code and name of country. The country Box is the applicant's State (that is, country) of residence if no State of res	nl entity, full official designation. y of the address indicated in this idence is indicated below.)	This person is: applicant only		
MANKU, Tajinder	•	applicant and inventor		
263 Lion's Court		inventor only (If this check-box		
Waterloo, Ontario CANADA N2L 6M7		is marked, do not fill in below.)		
CANADA NZE GWI		Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country	of residence:		
This person is applicant all designated all designated	ignated States except ited States of America	the United States of America only the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated	ated on a continuation sheet			
BOX NO. IV AGENT OR COMMON REPRESENTAT	TIVE; OR ADDRESS FO	R CORRESPONDENCE		
The person identified below is hereby/has been appointed to of the applicant(s) before the competent International Author	o act on behalf prities as:	agent common representative		
Name and address: (Family name followed by given name; for a leg The address must include postal code and name	gal entity, full official designation ne of country.)	Telephone No. (613) 233-1781		
LEDWELL, Kent M.; WADA, Ikuko; O'NEILL, Gary T.;		Facsimile No.		
HARRIS, John D.; SMITH, Dallas F.; ROSS, John		(613) 563-9869		
Gowling Lafleur Henderson LLP 160 Elgin Street, Suite 2600		Teleprinter No.		
Ottawa, Ontario		Agent's registration No. with the Office		
Canada K1P 1C3				
Address for correspondence: Mark this check-box	where no agent or common	representative is/has been appointed and the		



Sheet No.

Mark the applicable check-boxes below; at least one must be marked. **DESIGNATION OF STATES** The following designations are hereby made under Rule 4.9(a): **Regional Patent** AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind National Patent (If other kind of protection or treatment desired, specify on dotted line): HU Hungary 🔀 PG Papua New Guinea AG Antigua and Barbuda AL Albania III Indonesia PH Philippines III Israel III Israel PL Poland PH Philippines 🗖 AU Australia 🔀 IS Iceland RO Romania BA Bosnia and Herzegovina KE Kenya SC Seychelles KG Kyrgyzstan BB Barbados BG Bulgaria..... KP Democratic People's Republic SD Sudan BR Brazil..... BY Belarus KR Republic of Korea SG Singapore SL Sierra Leone LC Saint Lucia CA Canada CH & LI Switzerland and Liechtenstein 🔀 LK Sri Lanka SY Syrian Arab Republic CN China 🔀 LR Liberia TJ Tajikistan..... TN Tunisia CR Costa Rica..... LT Lithuania TR Turkey CU Cuba..., LU Luxembourg TT Trinidad and Tobago 🛣 CZ Czech Republic 🔀 LV Latvia UA Ukraine M DM Dominica EE Estonia..... Macedonia UZ Uzbekistan X VC Saint Vincent and the Grenadines FI Finland MWMalawi GB United Kingdom GD Grenada ZA South Africa ZM Zambia Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet: ☑ EG-Egypt □ Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being

excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Sheet No. ...3...

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	earlier application(s) is here Number	1	Vhere earlier application	is:		
Filing date of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office		
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Box No. VIII DECLAR	LATIONS					
The following declaration check-boxes below and inc	ns are contained in Boxes N dicate in the right column the	los. VIII (i) to (v) (mark th number of each type of dec	ne applicable claration):	Number of declarations		
Box No. VIII (i)	Declaration as to the id	entity of the inventor		. :		
Box No. VIII (ii)	Declaration as to the a date, to apply for and	pplicant's entitlement, as a be granted a patent	at the international filing	:		
Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application					
Box No. VIII (iv)	Declaration of inventor United States of Amer	orship (only for the purposerica)	es of the designation of t	he :		
Box No. VIII (v)	Declaration as to non	prejudicial disclosures or	exceptions to lack of nov	elty :		

List international application contains: is paper form, the following number of sheets: paper form, the supplicable sheet house below and indicate in of iterations are claims and the state of the sta	x No. IX CHECK LIST; LANGUAGE O	FFILING	
Security (including declaration sheets)	in paper form, the following number of	item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
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international application: Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the record to each signature, indicate the name of the person signs (if such capacity is not obvious from reading the record to each signature, indicate the name of the person signs (if such capacity is not obvious from reading the record in the person signs (if such capacity is not obvious from reading the record in the person signs (if such capacity is not obvious from reading the record in the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record capacity in which the person signs (if such capacity is not obvious from reading the record signs (if such capacity is not obvious from reading the record capacity is not obvious from reading the record signs (if such capacity is not obvious from reading the record signs (if such capacity is not obvious from reading the record signs (if such capacity is not obvious from reading to such capacity is not obvi	items 9(ii) and/or 10(ii), in right column)		
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FEE CALCULATION SHEET Annex to the Request

PCF/CA	Q 3 /	D1574	
Annal Analisation No.	•		

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App file	licant's or agent's reference	08896018WO		the receiving Office		
Applicant Sirific Wireless Corporation et al.						
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